



PART B - FEE(S) TRANSMITTAL

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7940

10/15/2004

ProPat, L.L.C.

2912 Crosby Road

Charlotte, NC 28211-2815

12/14/2004 MWOLDGE2 00000114 502193 10022143

01 FC:1501 1400.00 DA
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CLAIRE WYGAND (Depositor's name)
CLAIRE WYGAND (Signature)
DEC. 13, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/022,143	12/13/2001	Herbert Peiffer	00/172 MPR	2770

TITLE OF INVENTION: ONE-SIDED MAT. SEALABLE, BIAXIALLY ORIENTED POLYESTER FILM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/05/2005

EXAMINER	ART UNIT	CLAS. SUBCLASS
CHEN, VIVIAN	1773	428-141000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. PRO PAT, LLC

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mitsubishi Polyester Film GmbH

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Wiesbaden, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502193 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Authorized Signature

CATHY R. MOORE

Date Dec. 13, 2004

Typed or printed name

Registration No. 45,764

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